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January 2017

Reviewed January 2017
Behavioral health overview

About this chapter

This chapter of the *Blue Care Network Provider Manual* provides information that is unique to behavioral health for Blue Care Network HMO℠, BCN Advantage℠ HMO-POS (group products and Basic, Elements, Core, Classic and Prestige individual products), BCN Advantage℠ HMO ConnectedCare, BCN Advantage℠ HMO MyChoice Wellness and BCN Advantage℠ HMO HealthySaver members and that may be different from information presented in the other chapters.

Note: In this chapter, “BCN Advantage” refers to both BCN Advantage HMO-POS and BCN Advantage HMO products unless otherwise noted.

The requirements and processes associated with BCN behavioral health are integrated within BCN as a whole and are, in general, described in the other chapters of this manual. These include but are not limited to affiliation, submitting claims and appealing care management and claims decisions.

For a complete view of BCN processes and requirements, behavioral health providers should review all chapters of the *Blue Care Network Provider Manual*.

Note: Information about behavioral health services for Blue Cross Complete members is located in the *Blue Cross Complete Provider Manual*, available at MiBlueCrossComplete.com/providers.

This chapter is updated to include information about BCN Advantage HMO-POS Core and BCN Advantage HMO HealthySaver, two products that are available as of Jan. 1, 2017.

Behavioral health benefits

For BCN members, behavioral health benefits consist of the following categories of benefits:

- Mental health services: For dates of service on or after Oct 1, 2015, use the appropriate ICD-10 diagnosis code. Providers can use the default ICD-10 code F43.20 until a more appropriate code is available.

- Substance use disorder services: For dates of service on or after Oct 1, 2015, use the appropriate ICD-10 diagnosis code. Providers can use the default ICD-10 diagnosis code F19.10 until a more appropriate code is available.

- Applied behavior analysis for autism spectrum disorder services for BCN HMO members only, including members of any self-funded groups that have opted to offer the coverage (DSM-5 code 299.00)

Additional information about autism benefits is available on BCN’s web-DENIS Autism Web page and at referalls.bcbsm.com > BCN > Autism.

In this chapter, references to chemical dependency and substance abuse disorders are changed to substance use disorder.
Behavioral health overview

Check member eligibility and benefits

Behavioral health providers must check that the patient is a BCN member and therefore eligible for services that may be provided. BCN will not pay for services provided to ineligible members or for services not covered in the member’s benefit plan.

Because a member’s eligibility and benefits can change over time, it is recommended that providers recheck the member’s status frequently.

Behavioral health providers can use any of the following options to determine whether a patient is eligible for services and a service is a covered benefit:

- web-DENIS (Direct Eligibility Network Information System)
- Provider Automated Response System (PARS), the automated telephone system formerly known as CAREN
- HIPAA 270/271 electronic standard transaction. For information on this transaction, providers should email EDICustMgmt@bcbsm.com.
- Provider Inquiry

Additional information about checking member eligibility and benefits, including how to sign up as a web-DENIS user, can be found in the Member Eligibility chapter of this manual.

Management of behavioral health benefits

For BCN members, behavioral health benefits are managed by BCN Behavioral Health.

BCN Behavioral Health assists BCN members in the following ways:

- Provides 24-hour access for telephone triage
- Refers members for evaluation, and for treatment, as necessary, to appropriate behavioral health providers located in the member’s geographic area or as close to it as possible
- Uses behavioral health providers contracted and credentialed with BCN who practice within the BCN service area
- Works with a member’s primary care physician or with other providers to coordinate needed medical and behavioral health care

Behavioral health screening tools

BCN encourages the use of validated behavioral health screening instruments to identify members with undiagnosed disorders, monitor the severity of their ongoing symptoms and assess treatment outcomes. BCN supports quality in clinical practice by providing access to some widely used screening instruments, as copyright provisions allow.

Providers can access these screening tools at referrals.bcbsm.com > BCN > Behavioral Health > Behavioral health screening tools. Click I accept.
Behavioral health overview

**Depression toolkit for providers**

BCN offers a toolkit for providers to help educate members about depression and to increase compliance with medications. The kit includes:

- A **depression office poster** about step therapy treatment
- A **depression tip sheet** for provider use

Providers will find these materials and also a **member brochure about depression** at [ereferrals.bcbsm.com > BCN > Behavioral Health](http://ereferrals.bcbsm.com > BCN > Behavioral Health).

These documents are also available on BCN’s web-DENIS Behavioral Health Web page.

**Behavioral health providers seeking BCN affiliation**

BCN contracts with a limited but diverse network of behavioral health providers to ensure that BCN members have access to the range of behavioral health services required to address their needs in the geographic areas in which they are located.

Behavioral health providers seeking BCN provider status should visit [bcbsm.com](http://bcbsm.com) and click **Enrollment and Changes** under the Join Our Network tab. Then click **Provider Enrollment Form**. Make the appropriate selections and complete and submit the appropriate forms.

Behavioral health providers are contracted with BCN as follows:

- Solo and group practices sign one of the following two types of agreements, as appropriate:
  - Individual provider affiliation agreement
  - Provider group affiliation agreement
- Substance use disorder treatment providers and OPC providers sign an ancillary provider affiliation (facility) agreement.

Note: For billing purposes, behavioral health providers can check their contract to remind themselves of the type of affiliation they have with BCN. For additional information, refer to the “Claims for behavioral health services” section of this chapter; look in the “Billing instructions” subsection.

Providers should refer to the Affiliation chapter of the **BCN Provider Manual** for additional information about affiliating with BCN.

**Providers must be approved to use applied behavior analysis**

Providers interested in evaluating or treating members with autism spectrum disorder using applied behavior analysis must be approved by BCN as follows:

- Facilities interested in applying as a BCN-approved autism evaluation center (AAEC) should submit a letter of intent. Additional information is available on BCN’s web-DENIS Autism Web page and at [ereferrals.bcbsm.com > BCN > Autism](http://ereferrals.bcbsm.com > BCN > Autism).
- Specialists who provide treatment for BCN members using applied behavior analysis must be approved by BCN, including those who are board-certified behavior analysts.
Accessing behavioral health services

The telephone numbers for accessing assistance with behavioral health services are as follows:

Provider Inquiry (for authorization requests, claims questions, or assistance with other questions):

Providers should call the appropriate number as indicated on the Provider Inquiry Contact Information list, which is available at ereferrals.bcbsm.com > BCN > Quick Guides > BCN Provider Inquiry Contact Information.

Members:

- BCN HMO: 1-800-482-5982 (TTY users: 1-800-649-3777)
  Business hours: 8 a.m. to 5 p.m., Monday through Friday
- BCN Advantage: 1-800-431-1059 (TTY users should call the National Relay Service at 711.)
  Business hours: 8 a.m. to 8 p.m., Monday through Friday, with weekend hours available October 1 through February 14

Note: When it is necessary to access behavioral health screening and triage services after business hours, members may use the telephone numbers provided here to reach on-call assistance.

Address:

Blue Care Network
Behavioral Health
Mail Code H100
20500 Civic Center Drive
Southfield, MI 48076-4115

Contact information for Blue Cross Complete Customer Service is found in the Blue Cross Complete Provider Manual, available at MiBlueCrossComplete.com/providers.

Effective Aug. 21, 2017, the mailing address for BCN Behavioral Health is Mail Code H100, 20500 Civic Center Drive, Southfield, MI 48076-4115.

For both BCN and BCN Advantage members, the behavioral health services telephone number provided on the Provider Inquiry Contact Information list is displayed on the back of the member ID card.
## Accessing behavioral health services

### Assistance for providers in arranging for behavioral health services

Primary care physicians are encouraged to call BCN Behavioral Health at the appropriate phone number as indicated on the *Provider Inquiry Contact Information* list for assistance in arranging behavioral health services for a BCN member.

This list is available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) > BCN > Quick Guides > BCN *Provider Inquiry Contact Information*. It is also available on BCN’s web-DENIS Quick Guides page.

Primary care physicians are not responsible for arranging, referring or reviewing requests for behavioral health services for their BCN members. Primary care physicians may, however, directly refer a member to a BCN-affiliated behavioral health provider. It is not necessary for the primary care physician to provide a written referral to the behavioral health provider.

### Member access to behavioral health services

BCN members can access behavioral health services directly by contacting an affiliated behavioral health provider or by calling the telephone number located on the back of their BCN identification card.

### Access standards

Information on access standards for behavioral health care is located in the Access to Care chapter of this manual.

### BlueCard® program

BlueCard is a national program administered by Blue Cross Blue Shield Association that enables members to receive health care services wherever they live or travel, nationally or internationally.

Through the BlueCard program, BCN members can access urgent and emergent care and follow-up care for existing conditions while traveling outside of Michigan. For additional information, providers should refer to the Member Benefits chapter of this manual.

Providers should keep the following guidelines in mind:

- Services are not covered when members travel outside of Michigan for the sole purpose of obtaining treatment. This applies to all members.

- Psychotherapy services delivered via telephone or video chat/voice call services (such as Skype®) are not covered benefits.

Note: Members with BCN Advantage HMO ConnectedCare, BCN Advantage HMO MyChoice Wellness and BCN AdvantageSM HMO HealthySaver products do not have BlueCard travel benefits, including follow-up care for existing conditions. The other BCN Advantage products do have BlueCard travel benefits, including follow-up care for existing conditions.

### Away from Home Care program

Through the BCN Away from Home Care (guest member) program, BCN Behavioral Health manages the behavioral health care of Blue Cross Blue Shield HMO plan members from another state who are temporarily residing in Michigan. For additional information, providers should refer to the Member Benefits chapter of this manual.
## Expectations and incentives

| Provider offices: general expectations | BCN behavioral health providers are expected to comply with the responsibilities described for other BCN providers, as applicable, in the BCN System of Managed Care chapter of this manual. These responsibilities include ensuring continuous coverage 24 hours per day, seven days per week, based upon the urgency of the care needed. If a behavioral health provider is not available for any reason, the covering provider must also be one who is credentialed as a BCN behavioral health provider. |
| Clinical practice guidelines | Behavioral health providers affiliated with BCN are encouraged to review the clinical practice guidelines related to behavioral health, which can be found on BCN’s web-DENIS Clinical Practice Guidelines page. |
| Behavioral Health Incentive Program | BCN created the Behavioral Health Incentive Program with different measures involving quality of care and administrative policies that enhance care quality and utilization for psychiatrists, psychologists, social workers and licensed professional counselors. BCN selected the measures for the program following a review of published literature, discussion with BCN behavioral health providers, consensus through surveys of BCN behavioral health providers and internal deliberation. The main objectives of this incentive program are to:  
  - Align behavioral health practices with evidence-based therapeutic methods so BCN members receive the highest quality treatment possible  
  - Recognize behavioral health specialists who are providing exceptional care to BCN members  
  - Serve as an avenue for providers to receive feedback regarding performance  
Additional information on BCN's Behavioral Health Incentive Program is available by visiting [bcbsm.com/providers](http://bcbsm.com/providers), logging in to Provider Secured Services and clicking BCN Provider Publications and Resources > Behavioral Health. |
## Authorization for behavioral health services

### Authorization required for certain services covered under behavioral health benefit

Certain services covered under a member’s behavioral health benefit must be authorized by BCN Behavioral Health. These services include inpatient/residential admission, partial hospitalization, intensive outpatient mental health and substance use disorder services and applied behavior analysis for autism spectrum disorder services.

Note: Authorization is not required for medication management services provided by an in-network physician when those are the only services provided.

See the Service Type / Action table found in this section for additional information about authorization requirements for various services.

A note is added as a reminder that authorization is not required for medication management services provided by an in-network physician when those are the only services provided.

### Clinical criteria used in authorization decisions

The criteria BCN Behavioral Health uses to make utilization management decisions are outlined here.

**InterQual®.** BCN Behavioral Health uses McKesson’s InterQual Behavioral Health Criteria as utilization management guidelines. InterQual criteria are evidence-based clinical support criteria specifically developed to help move patients safely and efficiently to the appropriate initial and subsequent level of care. The criteria require reviewers to consider the severity of illness as well as episode-specific variables that match the level of care to a patient’s current condition.

The InterQual Behavioral Health criteria are developed with evidence-based rigor and are validated through the expertise of a multidisciplinary panel of psychiatrists, psychologists, psychiatric nurses and social workers. McKesson comprehensively reviews medical literature and other respected sources to assure that the criteria are current with the latest advances in evidence-based medicine as well as with new terminology and diagnostic classifications.

Providers may request a copy of the specific InterQual criteria used to make a decision on a member’s case by calling BCN Behavioral Health at 734-332-2567.

BCN providers who wish to purchase the InterQual Behavioral Health criteria in their entirety may do so at a discounted rate by emailing McKesson at InterQualBHCriteriaBlueCareNetwork@McKesson.com.

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Authorization for behavioral health services

Clinical criteria used in authorization decisions (continued)

Local criteria. In addition, BCN Behavioral Health will continue to use its own, local utilization management criteria for decisions about specific services, as follows:

• Transcranial magnetic stimulation criteria
• Neurofeedback training criteria for attention deficit disorder / attention deficit hyperactivity disorder criteria
• Autism spectrum disorder / applied behavior analysis criteria
• Residential mental health services / adult, adolescent and child criteria

BCN Behavioral Health develops the criteria used for making medical necessity determinations in these areas. National experts, clinical advisory committees and contracted behavioral health clinicians contribute to the development of these criteria. The criteria are reviewed and updated, if appropriate, at least annually and are presented at the Clinical Quality Committee for physician input and approval. Scientific resources for the internal criteria include:

• *Diagnostic and Statistical Manual of Mental Disorders*
• Peer-reviewed scientific literature
• Available nationally recognized clinical guidelines

Providers who wish to obtain a copy of BCN’s local criteria should visit ereferrals.bcbsm.com > BCN > Behavioral Health.

BCN works collaboratively with behavioral health practitioners

BCN is committed to a fair and thorough authorization process by working collaboratively with its participating behavioral health practitioners.

BCN’s behavioral health clinical case managers may contact practitioners for additional information about their patients during their review of all levels of care, patient admissions, additional hospital days and requests for services that require medical policy and benefit interpretations.

BCN bases utilization management decisions regarding care and service solely on the appropriateness of care prescribed in relation to each member’s medical or behavioral health condition. BCN’s Behavioral Health staff members don’t have financial arrangements that encourage denial of coverage or service. BCN-employed clinical staff and physicians do not receive bonuses or incentives based on their review decisions. Review decisions are based strictly on medical necessity within the limits of a member’s plan coverage.
Authorization for behavioral health services

**Discussing a determination**

When there is a question about whether a request for authorization meets medical necessity criteria, the BCN Behavioral Health care manager consults with a Behavioral Health physician reviewer, who may either deny the request or ask the Behavioral Health care manager to contact the practitioner for additional information.

When a BCN physician reviewer denies a request, written notification is sent to the requesting practitioner and to the member. The notification includes the reason the request was denied as well as the phone number to call BCN’s behavioral health physician reviewers to discuss the decision, if desired. The notification also includes instructions on how to appeal the denial.

Providers have the right to discuss a decision related to medical necessity with a plan medical director for behavioral health.

To discuss a behavioral health determination for a member, providers can call the following numbers:

- During business hours (8 a.m. to 5 p.m., Monday through Friday), providers should call 1-877-293-2788.
- After business hours (for emergent cases only), providers should call 1-800-482-5982.

**Effective Aug. 21, 2017, the daytime phone number for the BCN Behavioral Health Physician Review Line is 1-877-293-2788. The previous number, 734-332-2567, will not work as of that date.**

**Requesting authorization**

Providers will incur complete financial responsibility for all services provided without prior authorization from BCN Behavioral Health. Here are the general guidelines for authorization requirements:

- **For urgent outpatient services, for members in an emergency room who need inpatient admission and for other member emergencies.** Call these requests in to BCN Behavioral Health at 1-800-482-5982.

- **For all other services.** Follow the guidelines in the Service Type / Action table found in this section.

For most services that require authorization, providers must submit the request via BCN’s e-referral system.

BCN Behavioral Health responds to all requests for authorization via the e-referral system.

Note: To register for access to the e-referral system, follow the instructions at ereferrals.bcbsm.com > Sign Up or Change a User.
Authorization for behavioral health services

Providers should use the guidelines in the table below when requesting authorization or behavioral health services related to mental health and substance use disorder diagnoses.

For requests submitted through the e-referral system, providers should refer to the BCN Behavioral Health e-referral User Guide for instructions on how to submit each type of request, including how to complete a questionnaire that may be presented during the process of requesting authorization. The user guide can be accessed at ereferrals.bcbsm.com > Training Tools.

Providers who want to attach clinical documentation or a completed form to the request in the e-referral system can find detailed instructions for attaching those in the article “How to attach clinical information to your authorization request in the e-referral system,” in the November-December 2016 BCN Provider News.

For all levels and types of care, a written referral from the primary care physician is not required, but coordination of services with the primary care physician is encouraged.

Note: For guidelines related to applied behavior analysis for autism spectrum disorders, refer to the “Covered services for autism spectrum disorder” subsection later in this chapter.

<table>
<thead>
<tr>
<th>Service type</th>
<th>Action / additional information about requesting authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial outpatient treatment (in outpatient clinic or individual provider office settings)</td>
<td>Submit the request using BCN’s e-referral system. Access the system at ereferrals.bcbsm.com &gt; Login.</td>
</tr>
</tbody>
</table>
| Medication management visits without therapy     | No referral or authorization is needed for the initial evaluation and medication management service when the provider is an MD or DO contracted with BCN and these services are provided without therapy.  
  Note: This applies to procedure codes *99201 through *99205 or *99211 through *99215. The appropriate evaluation/management code must be used.  
  *CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved. |

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## Authorization for behavioral health services

### Guidelines for requesting authorization for mental health and substance use disorder services

(continued)

<table>
<thead>
<tr>
<th>Service type</th>
<th>Action / additional information about requesting authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management visits with therapy</td>
<td>When there is a therapy service or any other service provided in addition to medication management, that service does not require authorization. This applies to “add-on” procedure codes *90833, *90836 and *90838, which are performed by an MD/DO or a nurse practitioner. In addition, any psychotherapy add-on procedure done when another therapist is also treating the member should be coordinated between both treating practitioners. The two components of each visit (the evaluation/management and the add-on psychotherapy service) should be adequately documented in the medical record in case of an audit. This includes documenting the rationale for having two practitioners treat the member concurrently.</td>
</tr>
<tr>
<td>Extension of outpatient treatment</td>
<td>Submit the request using BCN’s e-referral system. Access the system at <a href="http://erefferrals.bcbsm.com">erefferrals.bcbsm.com</a> &gt; Login. Providers must complete the questionnaire presented within the system during the authorization request process. As an alternative, providers may complete the Behavioral Health Continuing Outpatient Treatment Request Form and attach it to the request in the e-referral system. See the instructions for attaching.</td>
</tr>
<tr>
<td>Outpatient ECT and TMS services</td>
<td>Providers must submit authorization requests for outpatient electroconvulsive therapy and transcranial magnetic stimulation services through the e-referral system. Providers must complete the questionnaire that displays in the system during the process of requesting authorization.</td>
</tr>
</tbody>
</table>
| Initial inpatient/residential, partial hospital or intensive outpatient treatment | Medical-surgical and behavioral health facilities that wish to arrange for an inpatient/residential, partial hospital or intensive outpatient admission for psychiatric or substance use disorder treatment must obtain authorization prior to the admission. Authorization requests must be submitted as follows:  
  - When the member is in an emergency department and not yet admitted, and you need an immediate response to your request, call in your request to BCN at 1-800-482-5982.  
  - When the member has already been admitted, you must submit the initial authorization request through the e-referral system and complete the questionnaire presented within the system.  
A BCN behavioral health case manager will determine medical necessity and, if the member meets criteria, may authorize admission to a BCN network facility. If the member’s condition does not meet medical necessity criteria for the level of care requested, the behavioral health case manager will suggest that other resources for treating the member’s condition be explored. As necessary, the behavioral health case manager will review the case with the BCN medical director for behavioral health. |

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Authorization for behavioral health services

Guidelines for requesting authorization for mental health and substance use disorder services (continued)

<table>
<thead>
<tr>
<th>Service type</th>
<th>Action / additional information about requesting authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting additional days of inpatient/residential, partial hospital or intensive outpatient treatment (mental health / substance use disorder)</td>
<td>Submit all concurrent review requests through the e-referral system. Access the system at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com &gt; Login</a>. Providers must complete the questionnaire presented within the system. Note: For partial hospital or intensive outpatient treatment, to move forward the discharge date without adding days, please call BCN Behavioral Health at 1-800-482-5982.</td>
</tr>
</tbody>
</table>
| Subacute detoxification (managed under the mental health-substance use disorder benefit) | Authorization from BCN Behavioral Health must be obtained for subacute detoxification. Subacute detoxification is managed by BCN Behavioral Health. Subacute detoxification is a service performed in a licensed freestanding or hospital-based residential treatment facility. The patient’s medical problems, if any, are stable and do not require medical monitoring or may require medical monitoring that can be provided within the program. Authorization requests must be submitted as follows:  
  • When the member is in an emergency department and not yet admitted to a bed, and you need an immediate response to your request, call in your request to BCN at 1-800-482-5982.  
  • When the member has already been admitted to a bed, you must submit the initial authorization request through the e-referral system. |
| Post-emergency services covered under behavioral health benefit | An inpatient admission for mental health or substance use disorder treatment that results from an emergency screening or assessment must be authorized within 24 hours, unless exceptional circumstances exist, as determined by BCN Behavioral Health. BCN Behavioral Health accepts authorization requests for inpatient admissions 24 hours per day, seven days per week.  
All other behavioral health services obtained as the result of an emergency screening or assessment must be authorized prior to the beginning of treatment. Authorization requests must be submitted as follows:  
  • When the member is in an emergency department and not yet admitted to a bed, and you need an immediate response to your request, call in your request to BCN at 1-800-482-5982.  
  • When the member has already been admitted to a bed, you must submit the initial authorization request through the e-referral system. |

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Authorization for behavioral health services

Guidelines for requesting authorization for mental health and substance use disorder services (continued)

<table>
<thead>
<tr>
<th>Service type</th>
<th>Action / additional information about requesting authorization</th>
</tr>
</thead>
</table>
| Psychological/neuropsychological exam for bariatric surgery | Call BCN Care Management at 1-800-392-2512. Plan notification is required for a psychological or neuropsychological assessment prior to bariatric surgery (procedure code S9480). The service must be billed with the appropriate ICD diagnosis code, as follows:  
  • For dates of service prior to Oct. 1, 2015, bill with an ICD-9-CM diagnosis code of 278.01 (morbid obesity).  
  • For dates of service on or after Oct. 1, 2015, bill with an ICD-10 diagnosis code of E66.01 (morbid / severe obesity due to excess calories). |
| Psychological/neuropsychological assessment for other than bariatric surgery | No referral or authorization is needed for providers contracted with BCN. Providers do not need to complete a form.  
Note: This applies to procedure codes *96101 through *96105 and *96118 through *96120, when billed by themselves. Authorization is needed when billing the assessment codes with other codes for services such as completing an intake or meeting with the member’s family after the assessment is complete.  
*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved. |

Information is added to clarify that authorization is not needed when the assessment codes are billed by themselves. Authorization is needed, however, when assessment codes are billed along with other codes for services such as completing an intake or meeting with the member’s family after the assessment is complete.
Authorization for behavioral health services

BCN believes that adequate management of a member’s care immediately after discharge from an acute inpatient hospital stay for a major affective disorder is an effective intervention in preventing the member’s early rehospitalization. In addition, member noncompliance with recommendations for ongoing follow up is a major predictor of rehospitalization.

In order to improve the likelihood that a member will initiate and continue outpatient care after a psychiatric admission, BCN Behavioral Health requires that the member be seen for his or her initial outpatient visit within the first seven days after discharge. When clinically appropriate, more rapid outpatient follow up, even on the day of discharge, is recommended.

Note: The outpatient visit must be authorized by BCN Behavioral Health prior to the service being provided.

BCN Behavioral Health encourages the outpatient staff affiliated with the inpatient facility to meet with the member for an extended period of time to do the following:

• Reinforce gains made by the member while hospitalized
• Reinforce the importance of continuing treatment following hospitalization
• Address any barriers to attending outpatient care (for example, dependent care, transportation)
• Identify the member’s community supports
• Review the member’s safety plan

BCN Behavioral Health staff will complete a follow-up call to the identified outpatient provider to determine the member’s compliance with the outpatient follow-up plan.
Authorization for behavioral health services

Covered benefits for members are available through the age of 18 (until the member’s 19th birthday) unless otherwise indicated by the member’s benefit description. Specialists within BCN’s provider network are able to serve the various needs of individuals diagnoses with autism spectrum disorder.

The benefits outlined in the table that follows show the guidelines for coverage and for requesting authorization. In addition, other medical services used to diagnose and treat autism are included as covered services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Guidelines for coverage and for requesting authorization</th>
</tr>
</thead>
</table>
| **Applied behavior analysis (ABA), a specialized treatment for autism spectrum disorder** | • For applied behavior analysis, an **evaluation** is required, which must take place at a facility contracted with BCN and approved by BCN as an approved autism evaluation center (AAEC). BCN Behavioral Health must be notified prior to the member’s evaluation.  
  - If you or the member has a concern about obtaining an AAEC evaluation, call BCN Behavioral Health at 1-800-482-5982.  
  - It is the responsibility of the autism evaluation center to request authorization for the behavioral health components of the evaluation by entering a request into the e-referral system. If the member was diagnosed with autism spectrum disorder by an approved autism evaluation center within three years of the date of the request, BCN will accept the diagnosis without a new evaluation. This is true even if the evaluation center had not yet been deemed approved at the time of the diagnosis. However, only those applied behavior analysis services provided on or after Oct. 15, 2012, are eligible for coverage.  
  - The autism evaluation center will need to identify the specialists who will be evaluating the child so that the appropriate requests can be entered into the system. Separate requests will be entered for each medical specialist who will see the child during the evaluation process.  
  • For **treatment**, the request for the behavioral health components of the applied behavior analysis services must be authorized by BCN Behavioral Health. As part of that process, BCN must confirm that an approved autism evaluation center has made a diagnosis of an autism spectrum disorder and documented a recommendation for applied behavior analysis.  
  Note: When questions arise about whether a request for ABA services can be approved, the questions and the associated clinical documentation must be reviewed by a BCN physician reviewer. |

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## Authorization for behavioral health services

### Covered services for autism spectrum disorder (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>Guidelines for requesting authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other mental health services to diagnose and treat autism services</strong></td>
<td>In order for behavioral health evaluation and treatment not related to applied behavior analysis to be covered, the child needs to be seen by a BCN-contracted behavioral health provider but not necessarily by an approved autism evaluation center. In these cases, the guidelines for requesting authorization for mental health services should be followed.</td>
</tr>
</tbody>
</table>
| **Physical, occupational and speech therapy services as part of autism spectrum disorder treatment** | The provider is responsible for verifying whether each member has autism benefits and, if so, how they are managed and what the authorization requirements are. In general, authorization is not required for members whose autism benefits are managed separate from their medical benefits. It may be required for members whose autism benefits are managed as part of their medical benefits. See the [Autism page](ereferrals.bcbsm.com) for additional information.  
Note: Physical, occupational and speech therapy services, when performed for an autism diagnosis, are managed by BCN Care Management. Additional information is available in the “Managing PT, OT and ST / Managing physical medicine services by chiropractors” section of the [Care Management chapter](#) of this manual. |
| **Nutritional counseling as part of autism spectrum disorder treatment** | Nutritional counseling related to autism spectrum disorder requires neither a referral from the primary care physician nor authorization from BCN Behavioral Health. |
**Behavioral health services under medical benefit**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute detoxification</td>
<td>Acute detoxification is a service performed in an acute-care medical or surgical facility that additionally provides specialty consultation and intensive care services. One or more of the following characterizes the patient’s status:</td>
</tr>
<tr>
<td></td>
<td>• Severe medical complications of addiction requiring medical management and skilled nursing</td>
</tr>
<tr>
<td></td>
<td>• Significant concurrent medical illness or pregnancy</td>
</tr>
<tr>
<td></td>
<td>• Medical problems that require inpatient diagnosis and treatment</td>
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<tr>
<td></td>
<td>• Other medical problems that require 24-hour observation and evaluation</td>
</tr>
<tr>
<td></td>
<td>Acute detoxification services require clinical review through BCN’s Care Management department. If criteria are met, services are covered under the member’s medical benefit. Providers should contact BCN Care Management at 1-800-392-2512 to arrange for acute detoxification services.</td>
</tr>
<tr>
<td></td>
<td>Following successful detoxification, the member should be referred to BCN Behavioral Health for discharge planning and continued treatment.</td>
</tr>
<tr>
<td>Emergency room services covered under medical benefit</td>
<td>All emergency services related to a mental health or substance use disorder condition provided by the emergency department of an acute-care hospital are covered under the member’s medical benefit, not under the mental health or substance use disorder benefit. If a member considers his or her condition to be serious enough that a delay in receiving treatment might cause serious impairment of a bodily function, permanent disability or death, the member should call 911 or seek help from the nearest medical facility as soon as possible.</td>
</tr>
<tr>
<td>Medical consultations for mental health or substance use disorder inpatients</td>
<td>When medical consultations are needed for BCN members admitted as inpatients to a psychiatric or substance use disorder treatment unit, a representative from the behavioral health facility or another individual, as appropriate, contacts the primary care physician to arrange for a medical consultation and discuss the member’s care. The primary care physician is not required to submit a referral to BCN for the requested services.</td>
</tr>
<tr>
<td>Psychiatric consultations for medical inpatients</td>
<td>Psychiatric consultations that occur when a BCN member is hospitalized on a medical-surgical inpatient unit are covered under the member’s medical benefit. These services do not require authorization by BCN Behavioral Health.</td>
</tr>
</tbody>
</table>
Behavioral health services under medical benefit

Behavioral health interventions for members with primary medical diagnoses

When a primary care physician or other non-behavioral-health practitioner encounters a member who may benefit from behavioral health interventions as part of a comprehensive treatment plan for a medical condition, the member should be referred to an appropriately credentialed behavioral health provider for care. The provider should be contracted with BCN.

When an appropriately credentialed behavioral health provider delivers services to a member whose primary diagnosis is medical, the provider should report the assessment and treatment using the following procedure codes: *96150, *96151, *96152, *96153 and *96154.

These codes indicate that the focus of the assessment and treatment are the biopsychosocial factors that impact the member’s medical care.

Note: These services do not require authorization.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.
Coordination of care

The coordination of care between behavioral health providers and primary care physicians is a high priority. Processes are in place to closely track communication between a member’s behavioral health provider and primary care physician.

Guidelines related to obtaining the member’s written consent

In BCN’s interpretation of federal and state privacy laws, the following guidelines apply related to the need to get the member’s written consent for the release of information:

- The member’s written consent is not required for behavioral health providers to disclose pertinent mental health treatment information to medical care providers in the interest of coordinating care. This includes, with limited exceptions, information such as the following:
  - Diagnosis
  - Encounter data
  - Prescriptions
- The member’s signed, written consent is required for the following:
  - Disclosure of substance use disorder treatment information
  - Disclosure of HIV treatment information
  - Release of therapy notes

The Michigan Department of Health and Human Services has made available a standard consent form for sharing behavioral health and substance use disorder treatment information. Here is some additional information about this form:

- The form complies with Public Act 129 of 2014.
- Although providers are not required to use this form, they are required to accept it.

Providers should visit michigan.gov/bhconsent to access the DCH-3927 behavioral health consent form and to read more about it.
## Coordination of care

### Discussing coordination of care with members

When BCN members call for a referral to a behavioral health provider, the BCN Behavioral Health case manager advises them of the importance of the coordination of care between medical and behavioral health providers and, if the treatment in question is for a substance use disorder, encourages them to sign a release to allow communication.

All behavioral health providers must discuss the importance of coordination of care with all the BCN members they treat. If a member is admitted to an inpatient facility for mental health treatment, the primary care physician should be informed of the admission and should assist in the coordination of all medical consultations. If a member is admitted to an inpatient facility for substance use disorder treatment, he or she should be encouraged to sign a written consent form to allow communication between the behavioral health provider and primary care physician. If the member signs the consent, the primary care physician must be informed of the admission and must assist in the coordination of all medical consultations.

### Expectations of providers

Behavioral health providers are expected to communicate the following information to the member’s primary care physician, to promote the appropriate coordination of care between the member’s behavioral health providers and other providers involved in the member’s care:

- The fact that the member is receiving behavioral health treatment
- The date of the clinical evaluation
- The member’s psychiatric diagnosis
- The names of all psychotropic medications prescribed by the behavioral health provider
- The types of specialized mental health or substance use disorder treatment the member is involved in
- The dates of any mental health or substance use disorder hospitalizations
- The member’s medical conditions that require attention and their relationship to the member’s psychiatric or substance use disorder condition
- The name, location and telephone number of the behavioral health provider
- An invitation to the primary care physician to contact the behavioral health provider as needed

**Note:** Before any information related to a member’s substance use disorder treatment may be communicated to the primary care physician, a written consent must be obtained from the member. Behavioral health providers are responsible for obtaining the member’s consent to the release of substance use disorder treatment information and any other member consents that they deem appropriate or necessary.
Coordination of care

The following standards are related to the continuity and coordination of care for BCN members involved in behavioral health treatment:

Outpatient behavioral health providers will do the following:

• Notify the member’s primary care physician within 30 days of prescribing psychotropic medication
• Consult with the clinicians who treated the member in the preceding inpatient level of care, when applicable
• Refer member to follow-up psychosocial support services, when appropriate

Behavioral health providers will do the following for members in inpatient/residential, partial hospital and intensive outpatient levels of care:

• Complete an Adobe® PDF version of the BCN Behavioral Health Discharge Summary Form and attach it to the case e-referral.

Note: The PDF form is available at referrals.bcbsm.com > BCN > Behavioral Health. Instructions for attaching the completed form to the case in e-referral are outlined in the article “How to attach clinical information to your authorization request in the e-referral system,” in the November-December 2016 BCN Provider News. In addition, providers should refer to the BCN Behavioral Health e-referral User Guide, in the section titled “Submitting Higher Level of Care (Inpatient) Authorizations,” for additional information on how to submit this form.

• Communicate with the member about follow-up appointments, prior to discharge
• Communicate discharge summaries to follow-up clinicians

In addition, behavioral health providers will do the following for members in inpatient/residential care:

• Arrange follow up prior to, and within seven days of, discharge
• Notify the member’s primary care physician regarding hospitalization within 30 days of discharge
• Consult with the clinicians who treated the member in the preceding level of care, when applicable, within 24 hours of admission

All behavioral health providers will notify the member’s primary care physician about the physical conditions the member has that require attention.

Note: Some incentives are available to encourage behavioral health providers to communicate with members’ primary care physicians. Information about these incentives is available by visiting bcbsm.com/providers, logging in to Provider Secured Services and clicking BCN Provider Publications and Resources > Behavioral Health. Look under the Behavioral Health Incentive Program heading.

A hyperlink is added that providers can use to access instructions for attaching a completed form to the case in the e-referral system.
## Coordination of care

### Forms for recording primary care physician contacts

Behavioral health providers may opt to record contacts with members’ primary care physicians on forms designed for this purpose.

BCN behavioral health providers who are participating in BCN’s Behavioral Health Incentive Program may use the following forms to record contacts with primary care physicians:

- **Primary Care Physician Contact Form for Member’s Medical Records**
- **Required BCN Incentive Qualifying Form – Primary Care Physician Contact Measure**

Note: The *Required BCN Incentive Qualifying Form – Primary Care Physician Contact Measure* can be completed and submitted electronically or by fax. Submit the form to the email address or the fax number shown on the form.

These forms and the instructions for submitting them electronically are available on BCN’s web-DENIS Behavioral Health page; visit [bcbsm.com/providers](http://bcbsm.com/providers), log in to Provider Secured Services and click BCN Provider Publications and Resources > Behavioral Health.

Behavioral health providers who are not participating in the incentive program may find it useful to record their primary care physician contacts on the **Primary Care Physician Contact Form for Member’s Medical Records** and keep the completed form in the member’s medical record.

### Monitoring compliance with coordination of care standards

BCN monitors the compliance of behavioral health providers with the BCN standards for continuity and coordination of care by reviewing the records of behavioral health providers.
## Member complaints and grievances

| Member complaints | Member complaints or concerns related to behavioral health care or treatment are addressed in the same way member complaints about other types of care are addressed.  
A description of the manner in which member complaints are handled is provided in the Member Rights and Responsibilities chapter of this manual. |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Member grievances  | If a member’s concern has not been resolved by BCN to his or her satisfaction, the member may (as a next step) file a formal grievance.  
Member grievances related to behavioral health care or treatment are addressed in the same manner in which grievances related to other types of care are addressed.  
A description of the member grievance process is provided in the Member Rights and Responsibilities chapter of this manual. |
## Provider appeals

| **Appealing care management decisions** | All providers have the right to appeal an adverse decision made by the BCN Behavioral Health staff.  
A description of the process for appealing adverse decisions is provided in the Care Management chapter of this manual. |
| **Appealing administrative denials** | Administrative denials are determinations made by BCN in accordance with administrative policies and procedures and/or contract language. These determinations are not based on medical necessity or appropriateness.  
Additional information about administrative denials and the process for requesting a reconsideration is provided in the Care Management chapter of this manual. |
Claims for behavioral health services

Electronic claims submission

Electronic billing is faster, easier and more accurate than filing paper claims. Providers who wish to learn more about filing claims electronically should contact the Blue Cross Blue Shield of Michigan Electronic Data Interchange department at 1-800-542-0945.

For additional information on submitting claims electronically, providers should refer to the Claims chapter of this manual.

Paper claims submission

Paper claims for mental health and substance use disorder services, including emergency room claims, must be submitted to:

For BCN claims
- Blue Care Network
  - P.O. Box 68710
  - Grand Rapids, MI 49516-8710

For BCN Advantage claims
- BCN Advantage
  - P.O. Box 68753
  - Grand Rapids, MI 49516-8753

For BCN Away from Home Care claims
- Blue Care Network
  - Attn: Away from Home Care — Mail Code C245
  - P.O. Box 5043
  - Southfield, MI 48086-5043

Note: No handwritten claims are accepted.

Information related to Blue Cross Complete claims is found in the Blue Cross Complete Provider Manual, available at MiBlueCross Complete.com/providers.

Making the transition to electronic claims submission

Providers who submit paper claims can use BCN’s online Internet Claim Submission Tool to submit claims electronically without having to download special software.

Additional information on how to access this tool is available at bcbsm.com/providers > Help Center > How to exchange information with us electronically > I’m a provider and I submit my own claims.

Billing telepsychiatry visits

Information about billing for behavioral health telemedicine visits, also called telepsychiatry visits, is located in the Claims chapter of this manual, in the section titled “E-visits and telemedicine visits.”
Claims for behavioral health services

Considerations for autism-related services

Autism-related physical, occupational and speech therapy services are subject to medical outpatient therapy deductible, coinsurance or copayments. For other outpatient autism-related services, the primary care physician deductible and copayments apply when applicable.

In addition, as a general rule, physical, occupational and speech therapy services used as part of the autism benefit do not count toward the limit for the number of medical visits or days for these therapies.

Guidelines for billing applied behavior analysis services are available by visiting [bcbsm.com/providers](bcbsm.com/providers), logging in to Provider Secure Services and clicking BCN Provider Publications and Resources > Autism > Applied Behavior Analysis Billing Guidelines and Procedure Codes.

Billing instructions

Additional information on how to bill behavioral health claims is available by visiting [bcbsm.com/providers](bcbsm.com/providers), logging in to Provider Secure Services and clicking BCN Provider Publications and Resources > Billing / Claims > Behavioral health services.

Providers can also refer to [Requirements for providing behavioral health services to BCN members](ereferrals.bcbsm.com > BCN > Behavioral Health), which is available at [ereferrals.bcbsm.com](ereferrals.bcbsm.com) > BCN > Behavioral Health.

For billing purposes, behavioral health providers can check their contract to remind themselves of the type of affiliation they have with BCN.

Note: For supervision of clinical work with patients, behavioral health providers should follow the requirements associated with their state-issued license or registration. This includes, for example, requirements for the minimum number of supervision hours, the proximity of the supervisor to the treating practitioner and the keeping of notes and records. BCN does not provide guidance for clinical supervision.

Claims inquiries

To obtain assistance with behavioral health services claims inquiries, providers can call the appropriate phone number as indicated on the [Provider Inquiry Contact Information](ereferrals.bcbsm.com > BCN > Quick Guides > Provider Inquiry Contact Information) list and follow the prompts.

To access the list, providers should go to [ereferrals.bcbsm.com](ereferrals.bcbsm.com) > BCN > Quick Guides > Provider Inquiry Contact Information.

The list is also available on BCN’s web-DENIS Quick Guides page.

Additional information about claims

For additional information about claims, including about appealing claims denials, providers should refer to the Claims chapter of this manual.

Examples of some behavioral health services claims are available on BCN’s web-DENIS Billing / Claims page, accessed by visiting [bcbsm.com/providers](bcbsm.com/providers), logging in to Provider Secure Services and clicking BCN Provider Publications and Resources > Billing / Claims.